

# Treatment Needs Assessment

To complete a treatment needs assessment on a client for the first time, the user first must enter the client into the Client Search Screen . Complete the information needed to give the client a unique ID and then click **ADD Client** tab which can be found at the bottom of the Client Search Screen.

The Client Information Screen will then appear and will need to be completed (at the minimum the highlighted required fields will need to be completed). Then, click **Save** found at the bottom of the Client Information Screen. In addition an “Income Record” will need to be completed by clicking on the “Income Eligibility” tab located on the top menu bar of the “Client Information Screen” Once the information is saved, click the “ADA II ” tab which will open up the “TNA List Screen”

**If a client already has been previously entered into STARS** with a client information record and income eligibility record, locate the client from the “Client Search Screen” and click on the “Most Recent” tab located on the bottom menu of this screen. This will open up the “Client Information Screen” where the “ADA II” tab will be enabled on the top menu bar. Click on this tab to open up the “TNA List Screen.”

## TNA List Screen

The screenshot shows the 'TNA List Screen' in the DH94 STARS application. The top menu bar includes 'General Info', 'MH', 'ADA I', and 'ADA II'. The 'ADA II' tab is selected. Below the menu bar, there are fields for 'Unique ID', 'Local ID', 'First Name', 'MI', 'Last Name', 'MH: Adm Date', 'ADA: Adm Date', and 'Provider'. The 'Client's ADA: Treatment Needs Assessment Information' section contains a table with the following data:

DHS	Date	Provider	Update Completed	Recommended ASAM Level of C
N	7/1/2008	Human Services Center Adult Chemical Dependency Treatment Program - Gateway	Original	II.1 - Adult intensive outpatient

At the bottom of the screen, there is a menu bar with buttons: 'Add', 'Edit / View', 'Delete', 'Update', 'Print', 'Transfer TNA Info', and 'Cancel'. A red arrow points to the 'Add' button.

If this is the **first TNA** being completed for the client, the above screen will be blank. To add a new record click on the “**Add**” tab located on the bottom menu bar which will open up the “Alcohol/Drug/Gambling History Screen.” This screen will need to be completed first before the other five TNA tabs will be enabled for entering data.

## TNA List Screen

**MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota**

**DH94 STARS TEST**

**Actions**

- Client Search
- Providers
- Unique ID Mod
- Unique ID Merge
- Transfers(4)
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**General Info**   **MH**   **ADA I**   **ADA II**

**ADA TNA**   ADA Cont Stay Rvw   ADA Pgm Elig   ADA Wait List

Unique ID: 123401011950MHE   Local ID: 007   First Name: James   MI:   Last Name: Bond

MH: Adm Date:   ADA: Adm Date: 7/1/2008   Provider: Human Services Center Adult Chemical Dependency Tr

**Client's ADA: Treatment Needs Assessment Information**

DHS	Date	Provider	Update Completed	Recommended ASAM Level of C
N	11/17/2008	Human Services Center Adult Chemical Dependency Treatment Program - Gateway	Updated - 7/1/2008	II.1 - Adult intensive outpatient
N	7/1/2008	Human Services Center Adult Chemical Dependency Treatment Program - Gateway	Original	II.1 - Adult intensive outpatient

Add   Edit/View   Delete   Update   Print   Transfer INA Info   Cancel

### TO UPDATE AN ORIGINAL TNA OR PREVIOUSLY UPDATED VERSION COMPLETE THE FOLLOWING:

If prior TNA records exists with the client, they will be identified on the TNA List Screen as either the “Original” or “Updated and date of update” To either update the original TNA or an Updated version, single click on the record and then click on the “Update” tab located on the bottom menu bar. A prompt will ask “Are you sure you want to Duplicate the entire TNA dated...” Click on “Yes” to complete the duplication process. The following fields on the updated TNA will be blanked: Date, ROI, Revoked ROI, Revoked Date, Counselor and Supervisor Counselor.

After the record has been duplicated the “Alcohol/Drug/Gambling History Screen” will open to allow for entering any updated information on this screen and the other five areas of the TNA. To switch to another page of the TNA, click on any of the TNA tabs located under the Red “Updated” Header on the page. **Be sure to save your information before you switch tabs.**

Once the TNA has been updated to your satisfaction, click on the “Save” tab located on the bottom of the “Alcohol/Drug/Gambling History Screen.” The “Cancel” tab will return to the “TNA List Screen” where the record will be listed as “updated” and date of update on the screen.

MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

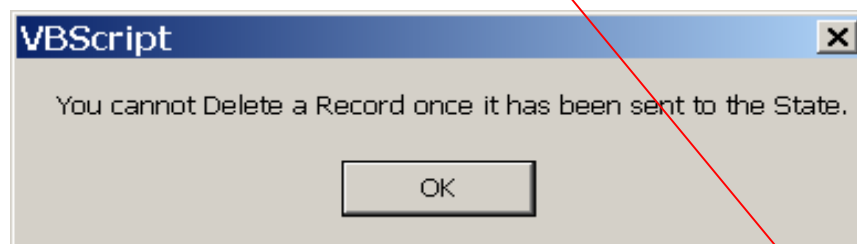
**DH94 STARS**  
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General Info		MH	ADA I	ADA II
ADA TNA		ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List
Unique ID:	123401011950MHE	Local ID:	007	First Name: James MI: Last Name: Bond
MH: Adm Date:		ADA: Adm Date:	7/1/2008	Provider: Human Services Center Adult Chemical Dependency Tr

**Client's ADA: Treatment Needs Assessment Information**

DHS	Date	Provider	Update Completed	Recommended ASAM Level of C
N	11/17/2008	Human Services Center Adult Chemical Dependency Treatment Program - Gateway	Updated - 7/1/2008	II.1 - Adult intensive outpatient
Y	7/1/2008	Human Services Center Adult Chemical Dependency Treatment Program - Gateway	Original	II.1 - Adult intensive outpatient

Add Edit/View Delete Update Print Transfer INA Info Cancel



To delete a TNA record, single click on the record and then click on the “Delete” tab located on the bottom menu bar. **However, there are exceptions when a record can be deleted or edited.** If a TNA record has been submitted to the Division of Alcohol/Drug Abuse for program eligibility consideration, the TNA record can not be edited or deleted by the provider and the above pop up will appear. The TNA List Screen will identify those records that have been previously submitted to DHS with a “Y” in the submitted column. If a record does need to be edited or deleted after submitted, the provider will need to obtain permission from the Division.

The “Cancel” tab will return to the “Client Search Screen”

**The “Delete” tab on the “TNA List Screen” will be based on the assigned user security level.**

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General Info	MH	ADA I	ADA II
<a href="#">ADA TNA</a> Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Tr	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List

**Client's ADA: Treatment Needs Assessment Information**

DHS	Date	Provider	Update Completed	Recommended ASAM Level of C
N	11/17/2008	Human Services Center Adult Chemical Dependency Treatment Program - Gateway	Updated - 7/1/2008	II.1 - Adult intensive outpatient
Y	7/1/2008	Human Services Center Adult Chemical Dependency Treatment Program - Gateway	Original	II.1 - Adult intensive outpatient

On the bottom of the screen there are various other tabs that will allow you to select a particular TNA record that is listed above on the screen to either "Print" or "Transfer TNA Information" to another provider. The user will need Provider Administration permission level to transfer the document and a Release of Information will need to be completed to the agency receiving the document before the TNA is sent.

## Alcohol, Drug, Gambling History Screen.

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General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond  
 MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Tr

**\*\*\*\*\* UPDATED \*\*\*\*\* Client's ADA: Treatment Needs Assessment Information \*\*\*\*\* UPDATED \*\*\*\*\***

[Alc/Drg/Gambling History](#) Critical Life Areas DSM Diagnosis Gambling Diagnosis Diagnostic Summary ASAM Recommendations

**NOTE: Indigent Applications for Adolescents or Pregnant Women Must Include: 1. TNA 2. ROI 3. Proof of Income 4. Doctors Order, Court Order, Managed Care Card.**

Assessment Date: 11/17/2008 ☒ \*ROI\* ☐ Revoked ROI Revoked Date:   
 Original TNA Date: 7/1/2008

Satellite Location: \*County of Residence Buffalo Pregnant Status Not Applicable Due Date DOB 01/01/1950 AGE 58 Gender M

\*Primary Race White \*Marital Status Now Married \*Education Level 9 \*Emp/UnEmp Status Full-Time

\*Referral Court/Criminal Justice/ Attorney Specific Referral Joe Friday JCA/CSO

☐ Currently on Parole Status/ Penitentiary Inmate

Billed Units 16 Non-Contract Units 4 Name of Federally Recognized Tribe If Member Yankton Sioux Tribe

**Identifying Information: (\*\*Required)** Remaining: 7586

This is a test

To access the Alc/Drg/Gambling History screen, click on the Add tab on the “TNA List Screen.” The “Alcohol/Drug/Gambling History Screen” can also be accessed by clicking on the Edit/View or Update tabs, but a record will first need to be selected from the “TNA List Screen.” When adding information to an initial TNA, only the 1<sup>st</sup> Tab, Alc/Drg/Gambling History Screen, will be enabled. Once this screen has been completed and saved, then all of the TNA Tab buttons will be enabled.

It is important to notice that some client information is brought forward from the Client Search Screen and is displayed at the top of the Client's ADA Treatment Needs Assessment Information Screen, as well as the DOB, Age, Gender, and Primary Race which is brought forward from the Client Information Screen.

There are also two date fields for the TNA document the original and the assessment date. Whenever the original document is completed, this date will remain on the document. When the original TNA is updated then there will be a date field for when the update was completed listed above as the “Assessment date”

For those programs that bill their contract for the TNA, they have 30 days from the “Assessment date” to bill for this document. This allows for those instances where the TNA cannot be completed in one meeting or if the agency requires weekly billing to be submitted for partial completed TNA documents.

## REQUIRED FIELDS

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**General Info**

**ADA TNA**

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond

MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Tr

**UPDATED Client's ADA: Treatment Needs Assessment Information UPDATED**

**Alc/Drg/Gambling History**

**Critical Life Areas**

**DSM Diagnosis**

**Gambling Diagnosis**

**Diagnostic Summary**

**ASAM Recommendations**

**NOTE: Indigent Applications for Adolescents or Pregnant Women Must Include: 1. TNA 2. ROI 3. Proof of Income 4. Doctors Order, Court Order, Managed Care Card.**

Assessment Date: 11/17/2008 ☒ **\*ROI\*** ☐ Revoked ROI Revoked Date:

Original TNA Date: 7/1/2008

Satellite Location: \*County of Residence: Buffalo Pregnant Status: Not Applicable Due Date: DOB: 01/01/1950 AGE: 58 Gender: M

\*Primary Race: White \*Marital Status: Now Married \*Education Level: 9 \*Emp/UnEmp Status: Full-Time

\*Referral: Court/Criminal Justice/ Attorney Specific Referral: Joe Friday JCA/CSO:

☐ Currently on Parole Status/ Penitentiary Inmate

Billed Units: 16 Non-Contract Units: 4 Name of Federally Recognized Tribe If Member: Yankton Sioux Tribe

**Identifying Information: (\*\*\*Required)** Remaining: 7586

This is a test

**Note:** Required fields are highlighted in blue.

Some of the fields will be transferred from the "Client Information Screen" so review if they may need updated.

**Date of Assessment:** (fills in automatically or can be changed manually)

**Release of Information (ROI)** This box must be checked if the client's "Source of Payment" is either Contract, Title XIX, or State Employee Insurance. Records will be denied for these sources of payment if the ROI is not completed. The ROI cannot be unchecked after any Contract or Title XIX records have been submitted.

**Revoked ROI:** To revoke a ROI, the client's source of payment must be either Self-Pay/Private Pay or Other 3<sup>rd</sup> Party. If the Revoked ROI is checked, then the Revoked date needs to be completed.

**Satellite Location:** This dropdown is for Providers who have more than one site services are delivered.

**County of Residence:** From the dropdown list, enter the client's county of residence

**Pregnant Status:** Indicate Yes or No for females and N/A for men

**Due Date:** If pregnant, enter estimated due date

**Primary Race:** Choose one from the selected dropdown list

**Marital Status:** Indicates the client's marital status at the time of the assessment

**Educational Level:** Specifies the client's highest educational level completed by the client. **GED = 12 s**

**Emp/UnEmployment Status:** Designates the client's employment status at the time of assessment.

**Referral:** Identifies the source of the referral to the drug or alcohol abuse treatment provider.

**Specific Referral:** This is an optional field where a name can be entered.

**JCA/CSO:** This field is optional and a person's name can be entered into this field.

**Currently on Parole Status/ Penitentiary Inmate:** Check this box if the client meets either of the two classifications.

**Billed or Non-Contracted unit fields:** These are optional fields to be completed.

**Recognized Tribe Member field:** This is an optional field to be completed

## State Employee/Dependent Information

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	Client Info			Service(s)		Income Eligibility		Hrdshp/Adm Rvw		MH Adm/Dis Info		MH Pgm Trsf		MH DSM Diag		MH Impact/Info	
	ADA Adm Info			ADA Trsf Srv Lvl			ADA Discharge Info			ADA TNA		ADA Cont Stay Rvw		ADA Pgm Elig		ADA Wait List	
	Unique ID: 777709091976MRT Local ID: <input type="text"/> First Name: Windy MI: <input type="text"/> Last Name: Day																
	MH: Adm Date: <input type="text"/> ADA: Adm Date: <input type="text"/> Provider: Human Services Agency																
	<b>Client's ADA: Treatment Needs Assessment Information</b>																
	Alc/Drg/Gambling History		Critical Life Areas		DSM Diagnosis		Gambling Diagnosis		Diagnostic Summary		ASAM Recommendations						
	<b>State Employee/Dependent Information</b>																
	Policy #		Policy Holder First Name			Policy Holder Last Name			Department								
	<b>NOTE: Indigent Applications for Adolescents or Pregnant Women Must Include: 1. TNA 2. ROI 3. Proof of Income 4. Doctors Order, Court Order, Managed Care Card.</b>																
Assessment Date: 2/5/2005 <input type="checkbox"/> <b>*ROI*</b> <input type="checkbox"/> Revoked ROI Revoked Date: <input type="text"/>																	
Satellite Location:		*County of Residence		Pregnant Status		Due Date		DOB		AGE		Gender					
<input type="text"/>		<input type="text"/>		Not Applicable		<input type="text"/>		09/09/1976		29		M					
*Primary Race		*Marital Status		*Education Level		*Emp/UnEmp Status											
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>											
*Referral		Specific Referral				JCA/CSO											
<input type="text"/>		<input type="text"/>				<input type="text"/>											
<input type="checkbox"/> Currently on Parole Status/Penitentiary Inmate																	
<b>Identifying Information: [***Required]</b>																	
<b>OverView of Prior CD Services: [***Required]</b>																	

The following four fields circled in **RED** above: Policy #, Policy Holder First Name, Policy Holder Last Name and Department will only appear on the above screen if the funding source on the “Client Information Screen.” is identified as “State Employee Insurance”. These four fields need only to be completed when a TNA is being completed for a person with “State Employee Insurance.”



## Alc,Drg,Gambling History Screen

MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List
Unique ID: 123401011950MHE	Local ID: 007	First Name: James	MI: Last Name: Bond
MH: Adm Date:	ADA: Adm Date: 7/1/2008	Provider: Human Services Center Adult Chemical Dependency Tr	
***** UPDATED ***** Client's ADA: Treatment Needs Assessment Information ***** UPDATED *****			
Alc/Drg/Gambling History	Critical Life Areas	DSM Diagnosis	Gambling Diagnosis
Diagnostic Summary			ASAM Recommendations
Identifying Information: [***Required]			Remaining: 17586
This is a test			
Overview of Prior CD Services: [***Required]			Remaining: 7586
This is a test			
<b>Alcohol and Other Drug Use History:</b> A summary of the client's alcohol or drug abuse history including substances used, date of last use, amounts used, frequency, duration, age of first use, patterns, route of administration, and consequences of use; types of responses to previous treatment, periods of sobriety and any other information supporting any diagnostic recommendations or diagnosis made. (**Summaries are Required for the Drugs that are checked)			
			Remaining: 7586

**Identifying Information:** This would be a brief paragraph describing the client and how the client came to be involved with the assessment process. Some things to include are the client's age, city of residence, and with whom do they reside. Why did the client come to your facility (legal charges, parent concerned, self concern, kicked out of school, etc)? If there are legal charges what are they and when does the client go to court or what was the outcome of court if they've already been to court? Who brought the client to the facility or where did the assessment process take place (such as jail, hospital, juvenile services office, school, etc....).

**Overview of Prior CD Services:** This would be a history of client's chemical dependency treatment/placement history, to include any type of prevention education. Please include how the client felt about treatment and the outcome (successful versus unsuccessful discharge). Did the client think the treatment was beneficial? How long did the client remain abstinent after discharge? What does the client believe was helpful in maintaining abstinence after discharge? What is the client's perception of what led to relapse? Did the client attend continuing care, 12 step programs, and/or get a sponsor after discharge? Attendance in prior chemical dependency treatment services should be verified through collateral contact when possible.



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General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond  
 MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Tr  
**UPDATED \*\*\*\*\* Client's ADA: Treatment Needs Assessment Information \*\*\*\*\* UPDATED**

Alc/Drg/Gambling History	Critical Life Areas	DSM Diagnosis	Gambling Diagnosis	Diagnostic Summary	ASAM Recommendations
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**Alcohol and Other Drug Use History:**  
 A summary of the client's alcohol or drug abuse history including substances used, date of last use, amounts used, frequency, duration, age of first use, patterns, route of administration, and consequences of use; types of responses to previous treatment, periods of sobriety and any other information supporting any diagnostic recommendations or diagnosis made.

(\*\*\*Summaries are Required for the Drugs that are checked)

☒ **Alcohol** Remaining: 7586  
 This is a test

☐ **IV Drug Use**

☐ **Cannabis/Hashish** Remaining: 7600

### Alcohol and Other Drug Use History:

For each chemical used by the client, please place a check mark in the box beside the chemical, located above the text box for that particular chemical. **Also, if the client used the particular chemical by IV, please check the box next to the chemical that applies. For example: If a client used Cocaine by IV, check the box next to Cocaine and the box which has IV Drug Use beside it.**

For printing purposes and to shorten the document total page length only those alcohol/drugs that have a check mark in the box will be printed. Those areas not marked will not be printed.

### Within the text box for each chemical please indicate the client's use history to include:

The client's first use, date of last use, amounts used (in 2 to 5 year increments for adolescents and 5 to 10 year increments for adults), frequency of use, duration, patterns and consequences of use, types of responses to previous treatment, periods of sobriety (what did the client do during these periods of sobriety which helped them to stay sober), and any other information supporting any diagnostic recommendations or diagnosis made

<input type="checkbox"/> Heroin/Opiates	<input type="checkbox"/> IV Drug Use
<input type="checkbox"/> Inhalants	
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Ecstasy <input type="checkbox"/> IV Drug Use
<input type="checkbox"/> Nicotine	

## Alc,Drg,Gambling History Screen

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**General Info**   **MH**   **ADA I**   **ADA II**

ADA TNA   ADA Cont Stay Rvw   ADA Pgm Elig   ADA Wait List

Unique ID: 123401011950MHE   Local ID: 007   First Name: James   MI:   Last Name: Bond  
 MH: Adm Date:   ADA: Adm Date: 7/1/2008   Provider: Human Services Center Adult Chemical Dependency Trl

\*\*\*\*\* UPDATED \*\*\*\*\* Client's ADA: Treatment Needs Assessment Information \*\*\*\*\* UPDATED \*\*\*\*\*

[Alc/Drg/Gambling History](#)   Critical Life Areas   DSM Diagnosis   Gambling Diagnosis   Diagnostic Summary   ASAM Recommendations

**Clinical Impressions of Substance Use: (\*\*\*)Required**   Remaining: 7586

This is a test

**Gambling History:**  
 The client's gambling history should reflect age of first bet for each type of gambling, types of gambling involved in, onset of compulsive behavior, most lost and most won, how the action feels, episodes of chasing, episodes of disassociation, and current gambling related debt.  
 (\*\*\*)Required if Pathological Gambling is entered in TNA's DSM Diagnosis Tab. Remaining: 7600

Check Spelling   Print   Save   Cancel

### Clinical Impressions of Substance Use

Please include information related to the way the client presents themselves in the counseling session, for example, were they appropriately dressed? What was the client's demeanor during the assessment (did they appear nervous, honest, dishonest, cooperative, etc)? Was the client open, cooperative, and provide adequate disclosure of significant problems or did they seem guarded and resistant to the assessment process? What is the client's own impression of the substances they use (do they believe they have problem? Do they think they can quit on their own? Do they believe their chemical use is causing problems in their lives? Etc...)? Is the client willing to attend treatment? Do they want to attend treatment or doing it because of some outside coercion?

### Gambling History

Include a history of the client's gambling behavior and include the age of first bet for each type of gambling, types of gambling the client is involved in, the onset of the compulsive behavior, the most money lost and won, how the action feels, episodes of chasing, episodes of disassociation, and current gambling related debt. . Include a detailed financial history consisting of all debts, past bankruptcies, bailouts, how money is currently handled, and possible support systems to allow the compulsive gambler to deal with financial issues without the use of large amounts of cash, checks, or credit cards.

After all of the client information is entered, click on **Save** located at the bottom of the Alc/Drg/Gambling History Screen to save the information otherwise it will be lost. If **Cancel** is entered, none of the information you have entered will be saved and the user will be taken back to the "ADA TNA List Screen". The other option tabs on the bottom will allow the user to "Print" the document or complete a "Spell Check" on the TNA document.

# ADA: Critical Life Areas Screen

To continue to enter data into the Treatment Needs Assessment after it has been *Saved*, click the Critical Life Areas tab in under the main ADA TNA tab.

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Actions

**Client Search**

MH: Waiting List

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Client Info	Service(s)	Income Eligibility	Hndshp/Adm Rvw	MH Adm/Dis Info	MH Pgm Trsfr	MH DSM Diag	MH Impact/Info
ADA Adm Info	ADA Trsfr Srv Lvl	ADA Discharge Info	<b>ADA TNA</b>	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List	

Unique ID: 789004041950FSU Local ID: First Name: May MI: Last Name: Flowers

MH: Adm Date: ADA: Adm Date: 12/10/2004 Provider: Carroll Institute

**Client's ADA: Treatment Needs Assessment Information**

Aic/Drg/Gambling History	<b>Critical Life Areas</b>	DSM Diagnosis	Gambling Diagnosis	Diagnostic Summary	ASAM Recommendations
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**(\*Required\*)** A general summary of the client's health, including past or current major illnesses or injuries, afflications  
**Physical:** with communicable diseases, or known health problems or needs;

This is a test

**(\*Required\*)**  
**Psychological:** Any history of emotional or behavioral problems, including any history of psychological, psychiatric treatment;

This is a test

**(\*Required\*)** A summary of the client's educational background, including current educational status, level of  
**Educational:** achievement, and educational problems or difficulties, use of chemicals before, during, or after school;

This is a test

**(\*Required\*)** A summary of the client's vocational and employment status including skills or trades learned, work record, and  
**Vocational:** current vocational or employment problems, use of chemicals before, during, or after work, absences because of chemical use;

This is a test

**(\*Required\*)** A summary of the client's financial status, including current income sources, family income, ability to pay for  
**Financial:** services, and insurance coverage, has the client ever pawned or stole to support their chemical use, how much money do they spend on their chemical use every week or month, where are they getting the money to fund their chemical use;

this is a test

**(\*Required\*) Legal:** A summary of the client's past and current involvement with the criminal justice system;

☐ Jail ☐ Charges Currently Pending ☐ JDC

this is a test

**(\*Required\*)** A social assessment of the client, including a summarization of the nature of and problems with the client's social  
**Social:** relationships outside the family unit, to include percentage of friends who use and percentage of clients who do not use chemicals, has the client lost friendships due to their chemical use, has anyone expressed concern over the clients chemical use, has the client been involved with a gang, does the client have friends who will support him/her if they were to remain abstinent;

this is a test

**(\*Required\*)** A summary about the client's family, including family background, current family composition, substance use and  
**Family:** abuse by family members, supportive or dysfunctional relationships, and other family-related issues, also treatment episodes of other family members, amount of sobriety of family members, would the family be supportive of client attending treatment and remaining abstinent;

this is a test

**Spiritual:** A summary any spiritual or religious beliefs or activities;

this is a test

## Critical Life Areas Screen

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Client Info	Service(s)	Income Eligibility	Hndshp/Adm Rvw	MH Adm/Dis Info	MH Pgm Trsf	MH DSM Diag	MH Impact/Info
ADA Adm Info	ADA Trsf Rvw	ADA Discharge Info	ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List	

Unique ID: 789004041950FSU    Local ID:    First Name: May    MI:    Last Name: Flowers  
 MH: Adm Date:    ADA: Adm Date: 12/10/2004    Provider: Carroll Institute

**Client's ADA: Treatment Needs Assessment Information**

Alc/Drg/Gambling History	<b>Critical Life Areas</b>	DSM Diagnosis	Gambling Diagnosis	Diagnostic Summary	ASAM Recommendations
--------------------------	----------------------------	---------------	--------------------	--------------------	----------------------

**(\*Required\*)** A general summary of the client's health, including past or current major illnesses or injuries, afflictions

**Physical:** with communicable diseases, or known health problems or needs;

This is a test

**(\*Required\*)**

**Psychological:** Any history of emotional or behavioral problems, including any history of psychological, psychiatric treatment;

This is a test

**(\*Required\*)** A summary of the client's educational background, including current educational status, level of

**Educational:** achievement, and educational problems or difficulties, use of chemicals before, during, or after school;

This is a test

**(\*Required\*)** A summary of the client's vocational and employment status including skills or trades learned, work record, and

**Vocational:** current vocational or employment problems, use of chemicals before, during, or after work, absences because of chemical use;

This is a test

**Physical:** A general summary of the client's health, including past or current major illnesses or injuries, afflictions with communicable diseases, or known health problems or needs.

*Suggestions:* Information consisting of the biomedical conditions/complications related to the client's substance use such as hallucinations, diabetes, liver problems, high blood pressure, nausea vomiting, convulsions, DT's. Include possible withdrawal symptoms related to gambling behavior, along with stress related and stress induced problems.\_

Additionally, has the client ever overdosed or gone to an emergency room because of their chemical use? If yes, when? Has the client experienced withdrawal other than those mentioned above? If so, what were they and when was the most recent experience. Has the client been tested for HIV/AIDs? When? When did they have their last TB Screen completed? Is the client taking any medications? If so, what are they taking and for what condition? Is the client pregnant? Has the client ever had a head injury? If yes, when? Was the client unconscious? How long? Is the client currently under the care of a physician for infectious disease, sexually transmitted disease, traumatic injury, continuing illness, or dental problems? The general health summary should be verified through collateral contact when possible. This is beneficial in terms of medication compliance

**Psychological:** Any history of emotional or behavioral problems, including any known history of psychological, psychiatric treatment.

*Suggestions:* Worthwhile information to include in this field would consist of the client's past history of therapy and/or counseling (include individual, family, and group, etc) also include a general idea of when those episodes took place and why the client attended therapy. Include the number of mental health hospitalizations, if any, and what happened that hospitalization was necessary. Is the client receiving current therapy/counseling? If yes, who are they seeing and how often are they seeing them?

History of past suicide ideation/attempts and self harm behaviors, to include when, where, how, and if hospitalization occurred as a result of the behavior. Is the client currently suicidal? Do they have a plan? Is the client currently reporting self harm behaviors? If yes, what type?

Is the client currently, or has the client in the past, felt homicidal? If yes, when, where, was there/is there a plan as to how the client would carry out the homicide?

Has the client ever been physical/emotional/sexually abused in the past or currently? (If yes, was proper notification made. Does the client report any grief or loss issues?

Is the client exhibiting hostility or aggressive behavior, withdrawal or isolation from others, possible depression, fear of others, or obsessive, ruminating, or anxiety producing thoughts?

## Critical Life Areas Screens

**DH94 STARS TEST**

Actions: Client Search, MH: Waiting List, Providers, Support Tables, Utilities, About, Close

Client Info	Service(s)	Income Eligibility	Hndshp/Adm Rvw	MH Adm/Dis Info	MH Pgm Trfr	MH DSM Diag	MH Impact/Info
ADA Adm Info	ADA Trsftr Srv Lvl	ADA Discharge Info	ADATNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List	

Unique ID: 789004041950FSU Local ID: First Name: May MI: Last Name: Flowers  
 MH: Adm Date: ADA: Adm Date: 12/10/2004 Provider: Carroll Institute

**Client's ADA: Treatment Needs Assessment Information**

Alc/Drg/Gambling History	Critical Life Areas	DSM Diagnosis	Gambling Diagnosis	Diagnostic Summary	ASAM Recommendations
--------------------------	---------------------	---------------	--------------------	--------------------	----------------------

**[\*Required\*] Physical:** A general summary of the client's health, including past or current major illnesses or injuries, afflictions with communicable diseases, or known health problems or needs:  
 This is a test

**[\*Required\*] Psychological:** Any history of emotional or behavioral problems, including any history of psychological, psychiatric treatment:  
 This is a test

**[\*Required\*] Educational:** A summary of the client's educational background, including current educational status, level of achievement, and educational problems or difficulties, use of chemicals before, during, or after school:  
 This is a test

**[\*Required\*] Vocational:** A summary of the client's vocational and employment status including skills or trades learned, work record, and current vocational or employment problems, use of chemicals before, during, or after work, absences because of chemical use:  
 This is a test

**Educational:** A summary of the client's educational background, including current educational status, level of achievement, educational problems or difficulties, as well as educational goals. Include any suspensions or expulsions that resulted from the client's chemical use in addition to the client's use of chemicals before, during, or after.

*Suggestions:* Does the client have any reading, writing, or hearing problems? If the client dropped out of school does he/she plan on obtaining their GED? What are the client's educational goals for the future, if any? Has the client been suspended or expelled from school? If yes, when and why were they suspended or expelled and for how long?

**Vocational:** A summary of the client's vocational and employment status including skills or trades learned, work record, and current vocational or employment problem. Include the use of chemicals before, during, or after work, as well as any absences, suspensions, probations or discharges due to client's chemical use or gambling behavior.

*Suggestions:* Did the client ever receive warnings and/or get fired due to chemical use? If yes, when, what happened? Does the client have any future plans or goals? If yes, how does the client plan on achieving those goals?

**[\*Required\*] Financial:** A summary of the client's financial status, including current income sources, family income, ability to pay for services, and insurance coverage, has the client ever pawned or stole to support their chemical use, how much money do they spend on their chemical use every week or month, where are they getting the money to fund their chemical use;

this is a test

**[\*Required\*] Legal:** A summary of the client's past and current involvement with the criminal justice system;

☐ Jail ☐ Charges Currently Pending ☐ JDC

this is a test

**[\*Required\*] Social:** A social assessment of the client, including a summarization of the nature of and problems with the client's social relationships outside the family unit, to include percentage of friends who use and percentage of clients who do not use chemicals, has the client lost friendships due to their chemical use, has anyone expressed concern over the clients chemical use, has the client been involved with a gang, does the client have friends who will support him/her if they were to remain abstinent;

this is a test

**Financial:** A summary of the client's financial status, including current income sources, total family income, ability to pay for services, and insurance coverage.

Incorporate the funding source the client has utilized to support their chemical use and or gambling behavior to include stealing or pawning items to support chemical use and gambling behavior. Also include the amount of money spent on chemical use and or gambling behavior per episode, per week, or month.

*Suggestions:* Gambling related financial information can be placed in the Gambling History section.

### Critical Life Areas Screen

**[\*Required\*] Financial:** A summary of the client's financial status, including current income sources, family income, ability to pay for services, and insurance coverage, has the client ever pawned or stole to support their chemical use, how much money do they spend on their chemical use every week or month, where are they getting the money to fund their chemical use;

this is a test

**[\*Required\*] Legal:** A summary of the client's past and current involvement with the criminal justice system;

☐ Jail ☐ Charges Currently Pending ☐ JDC

this is a test

**[\*Required\*] Social:** A social assessment of the client, including a summarization of the nature of and problems with the client's social relationships outside the family unit, to include percentage of friends who use and percentage of clients who do not use chemicals, has the client lost friendships due to their chemical use, has anyone expressed concern over the clients chemical use, has the client been involved with a gang, does the client have friends who will support him/her if they were to remain abstinent;

this is a test

**Legal:** Along the top of this field are three boxed fields entitled **Jail**, **Charges currently pending**, and **JDC**. If the client is in jail, has current charges pending, or in JDC, please click on the appropriate box.

In the text field, include a summary of the client's past and current involvement with the criminal justice system.

*Suggestions:* Include history of past charges and dispositions, current and pending charges, pending court dates. Was the client placed on probation? If yes, for how long? Is the client currently on probation or parole? Incorporate the name of the client's supervising probation, parole, or juvenile corrections agent if they are currently in the court or corrections system Has the client ever been in an out of home placement due to legal problems? If yes, when did they go to an out of home placement and what was the reason for the out of home placement?



**Social:** A social assessment of the client, including a summarization of the nature of and problems with the client's social relationships outside the family unit, to include percentage of friends who gamble, who use, and do not use chemicals. Include the number of lost friendships due to gambling or chemical use, expressed concern over the clients gambling behavior or chemical use, gang involvement, and list of friends the client trusts and who will support the client if they were to remain abstinent from gambling or chemical use. Also incorporate activities the client enjoys for fun and relaxation

*Suggestions:* Is the client a gang member? Which gang is the client affiliated with? What was the client's age at first involvement? Is the client a current gang member?

What kind of activities does the client participate in that do and do not involve using chemicals?

Does the client have friends that have problems with chemicals?

What is the client's sexual orientation? Does their sexual orientation cause them problems? Are they sexually active?

Does the client feel there is a particular form of support from their community they can use as a support for recovery? Has the client ever attended 12 step meetings? If yes, what was their perception of the experience? How long and how often did they attend? Did they obtain a sponsor? Did they have a home group? Has the client ever been involved in a support group? If yes, what type of support group?

Does the client feel safe in their social environment? Do they feel they are being stalked or harassed by anyone? Does the client have any sober friends that can be relied on for support if they were to quit using chemicals? Does the client have friends she/he can trust and can go to when problems arise? If yes, who? What are the client's hobbies? What does the client do for fun and relaxation?

The screenshot shows the 'MainMenu Frameset' for Microsoft Internet Explorer, provided by the State of South Dakota. The application is 'DH94 STARS'. The left sidebar contains a menu with 'Actions' (Client Search, Providers, Unique ID Mod, Unique ID Merge, Transfers(4), System Message, Support Tables, Utilities, Reports, About, Close). The main window displays a form for a client's ADA (Treatment Needs Assessment). The form is divided into several tabs: General Info, MH, ADA I, and ADA II. The 'ADA I' tab is selected, showing 'ADA Cont Stay Rvw' and 'ADA Pgm Elig'. The form contains fields for Unique ID (123401011950MHE), Local ID (007), First Name (James), MI, Last Name (Bond), MH: Adm Date, ADA: Adm Date (7/1/2008), and Provider (Human Services Center Adult Chemical Dependency Tr). A red banner across the form reads 'UPDATED \*\*\*\*\* Client's ADA: Treatment Needs Assessment Information \*\*\*\*\* UPDATED'. Below this, there are sections for 'Family' and 'Spiritual'. The 'Family' section is titled '[\*Required\*] A summary about the client's family, including family background, current family composition, substance use and abuse by family members, supportive or dysfunctional relationships, and other family-related issues, also treatment episodes of other family members, amount of sobriety of family members, would the family be supportive of client attending treatment and remaining abstinent;'. The 'Spiritual' section is titled 'A summary any spiritual or religious beliefs or activities;'. Both sections contain a text area with 'This is a test' and a 'Remaining' counter (7586). At the bottom of the form are buttons for 'Check Spelling', 'Print', 'Save', and 'Cancel'.

**Family:** A summary about the client's family, including family background, current family composition, gambling involvement or substance use and abuse by family members, supportive or dysfunctional relationships, and other family-related issues. Also include treatment episodes of other family members, amount of sobriety or abstinence of family members, supportive or dysfunctional relationships in regards to the client attending treatment and remaining abstinent, and other family-related issues.



*Suggestions:* Who are the family members that have received treatment for their chemical use? Is anyone in the client's family concerned about the client's use? Have the client describe their relationship with their parents/guardians and/or spouse. Is the client married? Does the client have children? If yes, how have the children been affected by the client's chemical use? If an adolescent, is the client's parent's married? If not, have they ever been married? Are they divorced? If yes, when did they get divorced? How does the client feel about his/her parent's divorce? Does the client get to see the non-custodial parent? If yes, how often?

Does the client's parents/spouse agree with the need for treatment? Is the family willing to participate with the client in treatment? Does the client feel his/her immediate family will be supportive of abstinence?

Who does/did the client feel closest to and trust, in his family? Why?

**Spiritual: A summary of any spiritual or religious beliefs or activities to include beliefs about a higher power, religious affiliation both in the past and currently.**

*Suggestions:* Does the client now, or in the past, believe in a higher power? Has the client ever been affiliated with any religion? When? Are they still affiliated? Why or why not? Does the client attend religious activities? How often? Does the client report hope about the future?

After entering client information into the Critical Life Areas, click **Save** located at the bottom of the Critical Life Areas Screen to save the information.

This tab will save even if information is not found in each of the required fields. However, information must be entered in each of the required field before the user will be able to *Sign* the TNA.

**If Cancel is clicked, none of the information entered in the Critical Life Areas tab will be saved and the user will be taken back to the "ADA TNA Screen."**

# ADA: DSM Diagnosis Screen

In order to go to the DSM Diagnosis Screen, tab the DSM Diagnosis Tab under the main ADA TNA Information Tab.

If this is an Initial TNA, the DSM Diagnosis List Screen will be blank. At the bottom of the screen are seven command buttons which have the following functionality:

**“Prio Up”** The user can select a DSM diagnosis listed on the screen and move the diagnosis up on the list screen. **When the TNA is printed, the diagnosis listed on the document will print in the same order as listed on this screen. So if the client first choice of drug use is alcohol, then this should be listed in the first field above.**

**“Prio Down”** The user can select a DSM diagnosis listed on the screen and move the diagnosis down on the list screen.

**“Add”** will go to the DSM Diagnosis Detail Screen to *Add* a Client’s DSM Diagnosis Information.

**“Edit”** will go to the selected DSM Diagnosis Detail Screen to *Edit* a Client’s DSM Diagnosis.

**“Delete”** will *Delete* the selected DSM Diagnosis.

**“Print”** will print the TNA document.

**“Cancel”** will go to the ADA TNA List Screen.

## ADA: DSM Diagnosis Detail Screen

DH94

STARS

TEST

Actions

Client Search

MH: Waiting List

Providers

Support Tables

Utilities

About

Close

Client Info

Service(s)

Income Eligibility

Hrdshp/Adm Rvw

MH Adm/Dis Info

MH Pgm Trsf

MH DSM Diag

MH Impact/Info

ADA Adm Info

ADA Trsf Srv Lvl

ADA Discharge Info

ADA TNA

ADA Cont Stay Rvw

ADA Pgm Elig

ADA Wait List

Unique ID: 789004041950FSU

Local ID:

First Name: May

MI:

Last Name: Flowers

MH: Adm Date:

ADA: Adm Date: 12/10/2004

Provider: Carroll Institute

Client's ADA: Treatment Needs Assessment Information

Alc/Drg/Gambling History

Critical Life Areas

DSM Diagnosis

Gambling Diagnosis

Diagnostic Summary

ASAM Recommendations

DSM Diagnosis:

Alcohol Dependence 303.90

Specifier 1:

With Physiological Dependence

Specifier 2:

Actively Using (Use in last 30 days)

As Evidenced by Psychoactive Substance Dependence:

Tolerance as defined by either of the following

☒ A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 ☐ Markedly diminished effect with continues use of the same amount of the substance.

Withdrawal as manifested by either of the following

☐ The characteristic withdrawal syndrome for the substance.
 ☐ The same or closely related substance is taken to relieve or avoid withdrawal symptoms.
 ☐ The substance is often taken in larger amounts or over a longer period than was intended.
 ☒ There is a persistent desire or unsuccessful efforts to cut down or control substance use.
 ☒ A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recovering from its effects.
 ☒ Important social, occupational, or recreational activities are given up or reduced because of substance use.
 ☐ The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Additional Signs/Symptoms:

This is a test

As Evidenced by Psychoactive Substance Abuse:

To access the “ADA: DSM Diagnosis Detail Screen” click on the “**Add**” tab on the bottom of the “DSM Diagnosis List Screen” Or single click on a DSM diagnosis record and click on the “**Edit**” tab located on the bottom menu bar.

**DSM Diagnosis:** This drop down box contains a list of DSM Diagnosis for Alcohol and Drug dependency, as well as the ‘No diagnosis or Condition V71.09’ and ‘Diagnosis or Condition Deferred 799.9’ Codes.

Click on the appropriate DSM Diagnosis for the client. That diagnosis will then fill the field labeled **DSM Diagnosis**: No less than **three** dependence criteria can be used to substantiate a Dependency diagnosis.

## DSM Diagnosis Detail Screen

**MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota**

**DH94 STARS**

**TEST**

**Actions**

- Client Search
- Providers
- Unique ID Mod
- Unique ID Merge
- Transfers(4)
- System Message

**Support Tables**

- Utilities
- Reports
- About
- Close

**General Info**

ADA TNA

ADA Cont Stay Rvw

ADA Pgm Elig

ADA Wait List

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond

MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Tr

**\*\*\*\*\* UPDATED \*\*\*\*\* Client's ADA: Treatment Needs Assessment Information \*\*\*\*\* UPDATED \*\*\*\*\***

Alc/Drg/Gambling History Critical Life Areas **DSM Diagnosis** Gambling Diagnosis Diagnostic Summary ASAM Recommendations

DSM Diagnosis:

Alcohol Dependence 303.90

Specifier 1: With Physiological Dependence Specifier 2: Actively Using (Use in last 30 days)

**As Evidenced by Psychoactive Substance Dependence:**

Tolerance as defined by either of the following

- ☐ A need for markedly increased amounts of the substance to achieve intoxication or desired effect
- ☒ Markedly diminished effect with continues use of the same amount of the substance.

Withdrawal as manifested by either of the following

- ☐ The characteristic withdrawal syndrome for the substance.
- ☒ The same or closely related substance is taken to relieve or avoid withdrawal symptoms.
- ☐ The substance is often taken in larger amounts or over a longer period than was intended.
- ☒ There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- ☒ A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recovering from its effects.
- ☐ Important social, occupational, or recreational activities are given up or reduced because of substance use.
- ☐ The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Additional Signs/Symptoms:

**As Evidenced by Psychoactive Substance Abuse:**

The symptoms have never met the criteria for Substance Dependence for this class of substance:

**Specifier 1:** This drop down box refers to evidence/lack of evidence of tolerance or withdrawal. Select Specifier 1 by clicking on one of the options on the drop down list.

**Specifier 2:** This drop down box refers to the six course specifiers available for substance dependence. Select Specifier 2 by clicking on one of the options in the drop down list.

**“As Evidenced by Psychoactive Substance Dependence”:** Click the boxes adjacent to the criteria which substantiate the DSM diagnosis for each client. If there is other information about the clients chemical use **or** if a client’s diagnosis is **Polysubstance Dependence**, enter the three drugs that pertain to this diagnosis to support the dependence diagnosis in the text box entitled **‘Additional Signs/Symptoms’**.

**A Nicotine Dependence 305.10 and V7.109 “No Diagnosis” will not require an ASAM recommended level of care on the ASAM recommendation page if either of these two diagnosis are selected. All other Dependence or Abuse diagnosis identified under the DSM tab will require an ASAM recommended level of care.**

MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

**DH94 STARS**  
**TEST**  
**Actions**  
Client Search  
Providers  
Unique ID Mod  
Unique ID Merge  
Transfers(4)  
System Message  
Support Tables  
Utilities  
Reports  
About  
Close

General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond  
MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Tr  
**\*\*\*\*\* UPDATED \*\*\*\*\* Client's ADA: Treatment Needs Assessment Information \*\*\*\*\* UPDATED \*\*\*\*\***

Alc/Drg/Gambling History	Critical Life Areas	DSM Diagnosis	Gambling Diagnosis	Diagnostic Summary	ASAM Recommendations
<input type="checkbox"/> The characteristic withdrawal syndrome for the substance. <input type="checkbox"/> The same or closely related substance is taken to relieve or avoid withdrawal symptoms. <input type="checkbox"/> The substance is often taken in larger amounts or over a longer period than was intended. <input type="checkbox"/> There is a persistent desire or unsuccessful efforts to cut down or control substance use. <input type="checkbox"/> A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recovering from its effects. <input type="checkbox"/> Important social, occupational, or recreational activities are given up or reduced because of substance use. <input type="checkbox"/> The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.					
Additional Signs/Symptoms:					
<b>As Evidenced by Psychoactive Substance Abuse:</b> The symptoms have never met the criteria for Substance Dependence for this class of substance: Yes <input type="checkbox"/> Recurrent substance use, which results in a failure to fulfill major role obligations at work, school or home. <input checked="" type="checkbox"/> Recurrent substance use in situations in which it is physically hazardous. <input type="checkbox"/> Recurrent substance abuse related legal problems. <input type="checkbox"/> Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.					
Additional Signs/Symptoms:					
Check Spelling Save Cancel					

In regards to a Substance Abuse diagnosis, at least **one** criteria needs to be marked in the Substance Abuse check boxes and there can not be any specifiers listed in the above fields.

**As Evidenced by Psychoactive Substance Abuse:** If the client has an abuse diagnosis, select the boxes adjacent to the criterion that substantiates the abuse diagnosis. If there is other information to add in support of the abuse diagnosis, enter it in the **“Additional Signs/Symptoms”** Text Box.

If the drug that has been identified to meet the abuse category also identify if this drug has ever met the criteria for dependence in the past with this client. A **“Yes”** response would indicate that the drug has **never met** the criteria for dependence criteria.

In order to save the DSM Diagnosis, click on **SAVE** at the bottom of the DSM Diagnosis Detail Screen. If **Cancel** is clicked, all of the information entered in the DSM Diagnosis Detailed Screen will be lost and the user will be taken back to the DSM Diagnosis List Screen.

# ADA: Gambling Diagnosis Screen

**DH94 STARS TEST**

**Actions**  
Client Search  
MH: Waiting List  
Providers  
Support Tables  
Utilities  
About  
Close

Client Info Service(s) Income Eligibility Hrdshp/Adm Rvw MH Adm/Dis Info MH Pgm Trsfr MH DSM Diag MH Impact/Info  
ADA Adm Info ADA Trsfr Srv Lvl ADA Discharge Info **ADA TNA** ADA Cont Stay Rvw ADA Pgm Elig ADA Wait List

Unique ID: 789004041950FSU Local ID: First Name: May MI: Last Name: Flowers  
MH: Adm Date: ADA: Adm Date: 12/10/2004 Provider: Carroll Institute

**Client's ADA: Treatment Needs Assessment Information**

Alc/Drg/Gambling History Critical Life Areas DSM Diagnosis **Gambling Diagnosis** Diagnostic Summary ASAM Recommendations

**As Evidenced by Pathological gambling:**  
A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

Gambling Diagnosis: Pathological Gambling 312.31

- ☐ is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble).
- ☒ needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- ☒ has repeated unsuccessful efforts to control, cut back, or stop gambling.
- ☐ is restless or irritable when attempting to cut down or stop gambling.
- ☐ gambles as a way of escaping from problems or relieving a dysphoric mood (e.g., feeling of helplessness, guilt, anxiety, depression).
- ☒ after losing money gambling, often returns another day to get even ("chasing" one's losses).
- ☐ lies to family members, therapists, or others to conceal extent of involvement with gambling.
- ☒ has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
- ☒ has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- ☐ relies on others to provide money to relieve a desperate financial situation caused by gambling.

Save Cancel

In order to access the "Gambling Diagnosis Screen" click on the "Gambling Diagnosis Tab" on the main ADA TNA menu bar.

**Gambling Diagnosis:** This drop down box contains a list of DSM Diagnosis for Gambling Dependence or None. Click on the appropriate Gambling diagnosis, which will then fill that field. At least **Five** boxes must be checked to obtain a "Pathological Gambling Diagnosis."

Select the boxes adjacent to the criterion that substantiates the gambling diagnosis. Click on the boxes next to each statement given by the client which supports the Gambling diagnosis chosen.

In order to save the Gambling Diagnosis, click on **SAVE** at the bottom of the Gambling Diagnosis Detail Screen. The client must have a Gambling Diagnosis in order to save the information on this screen.

If **Cancel** is clicked, the information entered in the Gambling Diagnosis Detailed Screen will be lost and the user will be taken back to the ADA TNA List Screen.

## ADA: Diagnostic Summary Screen

The screenshot shows the 'DH94 STARS' application window. The left sidebar contains links: Actions, Client Search, Providers, Unique ID Mod, Unique ID Merge, Transfers(4), System Message, Support Tables, Utilities, Reports, About, and Close. The top menu bar has tabs: General Info, MH, ADA I, and ADA II. The 'ADA II' tab is active, showing a 'Client's ADA: Treatment Needs Assessment Information' screen. The main content area includes fields for Unique ID, Local ID, First Name, MI, Last Name, MH Adm Date, ADA Adm Date, and Provider. Below these are several assessment tools with dropdown menus: Adolescent Alcohol Involvement Scale (AAIS), Adolescent Drug Use Survey (ADUS), Children of Alcoholic Test (CAST), NORC DSM-IV Screen for Gambling Problems, Fagerstrom Cigarette Tolerance Test, Substance Abuse Subtle Screening Inventory (SASSI), Michigan Alcoholism Screening Test (MAST), Drug Abuse Screening Test (DAST), Beck Depression Inventory, The South Oaks Gambling Screen, Simple Screening Instrument (SSI), and MAYO Screening. At the bottom are buttons for Print, Save, and Cancel. Red arrows indicate the flow from the 'Diagnostic Summary' tab to a dropdown menu and then to the 'Save' button.

To access the Diagnostic Summary Screen click “**Diagnostic Summary**” tab under the main ADA TNA main menu bar.

A drop down box is given for each diagnostic test listed. **Click on the score/s** that pertain to the particular client who took the test.

In order to save the Diagnostic Summary information, click on **SAVE** at the bottom of the Diagnostic Summary Screen. If **Cancel** is clicked, the information entered in the Diagnostic Summary Screen will be lost and the user will be taken back to the **ADA TNA** List Screen.

There is also a text field “**Other Screening Tools Used**” for the user to enter other test information which is not listed on the screen. **If no information is listed on this screen, this page will not be printed as part of the TNA document.**

## **ADA: ASAM Recommendations Screen**



Client Info	Service(s)	Income Eligibility	Hrdsch/Adm Rvw	MH Adm/Dis Info	MH Pgm Trsftr	MH DSM Diag	MH Impact/Info
ADA Adm Info	ADA Trsftr Srv Lvl	ADA Discharge Info	ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List	
Unique ID: 11240811977FAB	Local ID: 123456	First Name: Sheila	MI:	Last Name: Douglas			
MH Adm Date: 10/10/2003	ADA Adm Date: 9/9/2003	Provider: Avera St Lukes Worthmore Treatment Ctr					
<div> <div>Client's ADA</div> <div>Treatment Needs Assessment</div> <div>Client Information</div> <div>Updated: 10/10/2003</div> </div>							
<div> <div>Aic/Drg/Gambling History</div> <div>Critical Life Areas</div> <div>DSM Diagnosis</div> <div>Gambling Diagnosis</div> <div>Diagnostic Summary</div> <div>ASAM Recommendations</div> </div>							
<b>Dimension I: Acute Intoxication and Withdrawal</b>							
Adolescent Criteria							
Adult Criteria							
III.7 - Moderate to Severe Symptoms/Requires 24 Hour Treatment Services							
Problems to be Addressed:							
These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed.							
Justification for Level of Care:							
This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care. This is the justification for the level of care.							
<b>Dimension II: Biomedical Complications or Conditions</b>							
Adolescent Criteria							
Adult Criteria							
III.1 - None/Stable/Receiving Concurrent Monitoring							
Problems to be Addressed:							
These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed.							
Justification for Level of Care:							
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<b>Dimension III: Emotional/Behavioral/Cognitive Conditions and Complications</b>							
Adolescent Criteria (A: Dangerousness/Lethality, B: Interference with Recovery Efforts, Social Functioning, D: Ability for Self-Care, E: Course of Illness):							
Adult Criteria							
0.5 - None or Very Stable							
Problems to be Addressed:							
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<b>Dimension IV: Readiness to Change</b>							
Adolescent Criteria							
Adult Criteria							
0.5 - Willing to Explore Current Use and Consequences							
Problems to be Addressed:							
These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed.							
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<b>Dimension V: Relapse/Continued Use or Continued Problem Potential</b>							
Adolescent Criteria							
Adult Criteria							
III.1 - Understand Relapse/Needs Structure							
Problems to be Addressed:							
These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed.							
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<b>Dimension VI: Recovery Environment</b>							
Adolescent Criteria							
Adult Criteria							
II.1 - Environment Impedes Recovery/Needs Support							
Problems to be Addressed:							
These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed. These are the problems to be addressed.							
Justification for Level of Care:							
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<div> <div> <input checked="" type="checkbox"/> Abstain from all mood altering substances  <input checked="" type="checkbox"/> Avoid contact with chemical using peers  <input checked="" type="checkbox"/> Complete Drug and Alcohol Prevention Education  <input checked="" type="checkbox"/> Complete Lvl I Outpatient Continuing Care  <input checked="" type="checkbox"/> Participate in individual/family counseling  <input checked="" type="checkbox"/> Comply with all requirements of DOC aftercare  <input checked="" type="checkbox"/> Continue to use Corrective Thinking Replacements  <input checked="" type="checkbox"/> Receive random UA's  <input checked="" type="checkbox"/> Complete Lvl I Outpatient Relapse Group  <input checked="" type="checkbox"/> Complete Lvl III Outpatient Treatment  </div> <div> <input checked="" type="checkbox"/> Complete Lvl III Gambling Intensive Outpat Treatment Program  <input checked="" type="checkbox"/> Complete Lvl III.5 Day Treatment  <input checked="" type="checkbox"/> Complete Lvl III.1 Clinically Managed Low Intensity Res Treatment  <input checked="" type="checkbox"/> Complete Lvl III.7 Inpatient Relapse Treatment  <input checked="" type="checkbox"/> Complete Lvl III.7 Inpatient Gambling Treatment  <input checked="" type="checkbox"/> Complete Lvl III.7 Inpatient Treatment Program  <input checked="" type="checkbox"/> Attend AA/NA at least 2 times a week for 1 year  <input checked="" type="checkbox"/> Obtain a Sponsor  <input checked="" type="checkbox"/> Participate in COA groups  </div> </div>							
Other:							
Other:							
Recommended ASAM Level of Care/Specific Pgm:							
0.5 - Crisis Intervention and counseling							
Recommended Placement Provider:							
Big Brothers Big Sisters							
Recommended Out of State Provider:							
State:							
Counselor/Credentials:							
John Howard - Nurse							
Supervising Counselor/Credentials:							
George Jones - Secretary							
Notify Division (Adolescent/Preg.)				Notify Division (Adult)			
Print				Transfer INA Info			
Save				Cancel			

To get access the “ADA: ASAM Recommendations Screen” click on the “**ASAM Recommendations**” tab under the main ADA TNA menu bar.

## ADA: ASAM Exception Recommendations Screen

MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

**DH94 STARS**

TEST

Actions

Client Search

Providers

Unique ID Mod

Unique ID Merge

Transfers(4)

System Message

Support Tables

Utilities

Reports

About

Close

General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List
Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Trl			
***** UPDATED ***** Client's ADA: Treatment Needs Assessment Information ***** UPDATED *****			
Alc/Drg/Gambling History	Critical Life Areas	DSM Diagnosis	Gambling Diagnosis
			<a href="#">Diagnostic Summary</a> <a href="#">ASAM Recommendations</a>
<input checked="" type="checkbox"/> ASAM Exception			
Explain ASAM Exception: <div style="border: 1px solid gray; padding: 5px; min-height: 50px;">             The client never met an DSM diagnosis of Abuse or Dependence and a prevention course will be recommended rather than a substance treatment level           </div> Remaining: 856			
<b>Dimension I: Acute Intoxication and Withdrawal</b>			
Adolescent Criteria <div style="border: 1px solid gray; height: 20px;"></div>			
Adult Criteria <div style="border: 1px solid gray; height: 20px;"></div>			
Problems to be Addressed: <div style="border: 1px solid gray; height: 50px;"></div> Remaining: 7600			
Justification for Level of Care: <div style="border: 1px solid gray; height: 50px;"></div> Remaining: 7600			

When a client evaluation does not result in a dependence or abuse diagnosis, the TNA document can by pass the requirement for a recommended ASAM level. In order for this to occur, the user must check the box above identified as "ASAM Exception" and then the reason needs to be documented in the text field "Explain ASAM" Exception" why the client is not being recommended for a treatment level.

## ADA: ASAM Recommendations Screen

**MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota**

**DH94 STARS**

**TEST**

**Actions**

- Client Search
- Providers
- Unique ID Mod
- Unique ID Merge
- Transfers(4)
- System Message
- Support Tables
- Utilities
- Reports
- About
- Close

**General Info**

ADA TNA

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond

MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Tr

**\*\*\*\*\* UPDATED \*\*\*\*\* Client's ADA: Treatment Needs Assessment Information \*\*\*\*\* UPDATED \*\*\*\*\***

**Alc/Drg/Gambling History Critical Life Areas DSM Diagnosis Gambling Diagnosis Diagnostic Summary ASAM Recommendations**

**Dimension I: Acute Intoxication and Withdrawal**

**Adolescent Criteria**

**Adult Criteria**

IL1 - Minimal Risk

**Problems to be Addressed:** Remaining: 7555

The client has no evidence of withdrawal risk

**Justification for Level of Care:** Remaining: 7481

The client will be able to participate in an outpatient setting since there is positive support where the client lives.

**Dimension II: Biomedical Complications or Conditions**

**Adolescent Criteria**

**Adult Criteria**

IL1 - None/Minor Distraction

**Adult Criteria:** This is a drop down box which lists levels of care for adult programs. For instance if a client is 17 years old and entering into a Adult Level I IOP treatment, then use this criteria. **However if the client is 17 and being entered into a Level I Adolescent IOP treatment, then the Adolescent criteria would need to be utilized.**

**Adolescent Criteria:** This drop down box lists the different levels of care which exist for adolescents. Choose the level of care which best fits the particular client you are working with.

For each dimension text boxes are listed for 2 areas and will need to be completed depending on the problems and issues the client is experiencing:

**Problems to be addressed:**

**Justification for Level of Care:**

## ADA: ASAM Recommendations Screen

**DH94 STARS TEST**

**Actions:**  
[Client Search](#)  
[MH: Waiting List](#)  
[Providers](#)  
[Support Tables](#)  
[Utilities](#)  
[About](#)  
[Close](#)

Client Info	Service(s)	Income Eligibility	Hrdshp/Adm Rvw	MH Adm/Dis Info	MH Pgm Trsfr	MH DSM Diag	MH Impact/Info
ADA Adm Info	ADA Trsfr Srv Lvl	ADA Discharge Info	ADATNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List	

Unique ID: 777709091976MRT Local ID: First Name: Windy MI: Last Name: Day  
 MH: Adm Date: ADA: Adm Date: Provider: Human Services Agency

**Client's ADA: Treatment Needs Assessment Information**

Alc/Drg/Gambling History	Critical Life Areas	DSM Diagnosis	Gambling Diagnosis	Diagnostic Summary	ASAM Recommendations
<input checked="" type="checkbox"/> Abstain from all mood altering substances <input type="checkbox"/> Avoid contact with chemical using peers <input type="checkbox"/> Complete Drug and Alcohol Prevention Education <input type="checkbox"/> Complete Lvl I Outpatient Continuing Care <input type="checkbox"/> Participate in individual/family counseling <input type="checkbox"/> Comply with all requirements of DOC aftercare <input type="checkbox"/> Continue to use Corrective Thinking Replacements <input type="checkbox"/> Receive random UA's <input type="checkbox"/> Complete Lvl I Outpatient Relapse Group <input type="checkbox"/> Complete Lvl III.1 Outpatient Treatment					<b>Recommendations</b> <input type="checkbox"/> Complete Lvl III.1 Gambling Intensive Outpat Treatment Program <input type="checkbox"/> Complete Lvl II.5 Day Treatment <input type="checkbox"/> Complete Lvl III.1 Clinically Managed Low Intensity Res Treatment <input type="checkbox"/> Complete Lvl III.7 Inpatient Relapse Treatment <input type="checkbox"/> Complete Lvl III.7 Inpatient Gambling Treatment <input checked="" type="checkbox"/> Complete Lvl III.7 Inpatient Treatment Program <input type="checkbox"/> Attend AA/NA at least 2 times a week for 1 year <input type="checkbox"/> Obtain a Sponsor <input type="checkbox"/> Participate in COA groups

Other:

**Recommendations:** Click on the boxes which will apply to the particular client.

**Other:** This text box is for additional recommendations which may not be given in the list Recommendations list above.

Recommended ASAM Level of Care/Specific Pgm:  
 III.7 - Adult medically-monitored intensive inpatient treatment program

Recommended Placement Provider:  
 Human Services Agency

Recommended Placement Satellite Location:

Recommended Out of State Provider: State

Counselor/Credentials:  
 Robin Jones - Counselor - Level 2

Supervising Counselor/Credentials:  
 Jim Dandy - Associate Director - Level 3

Notify Division (Adolescent/Preg.) Notify Division (Adult)

Print Transfer INA Info Save Cancel

**Recommended ASAM Level of Care/Specific Program:** This is a drop down list of all services which a client may participate in. Choose one. Note: If Recommended ASAM level of care/Specific program is an adult category, only Adult ASAM Criteria found on the Dimensions drop down boxes, can be utilized. Likewise, if Recommended ASAM level of care/Specific Program is an Adolescent Category, only Adolescent ASAM Criteria can be utilized.

**Recommended Placement Provider:** This is a drop down list of all the facilities in the state which are accredited with the Division of Alcohol and Drug Abuse. The counselor can recommend a facility placement here. **Note: If the client is indigent or T-19 funded, the Division of Alcohol and Drug Abuse will determine client placement for certain levels especially III.7 and Slip/Slot II.1/III.1, Pregnant women and some III.1 services**

## ADA: ASAM Recommendations Screen

**Recommended Placement Satellite Location:** This box will only work for those facilities that have Satellite offices. For example: Keystone provides services in Canton, SD and in Sioux Falls, SD. Because the client is being recommended for Intensive Outpatient Treatment, this drop down box will operate. The list will contain both the facility in Sioux Falls and the facility in Canton.

If Capital Area Counseling Services were the chosen the provider, the Recommended Placement Satellite Office Location would be blank, since at this time, services are provided in one office only.

**Recommended Out of State Provider:** This is a Text box. Occasionally clients have been sent out of state to facilities that are better able to meet their needs. An Example: Hearing Impaired clients. Type the facility name in the text box.

**STATE:** Drop down box. Please choose the state that the Out of State Provider is in.

**Counselor/Credentials:** This is a drop down box and will list only the counselors at the respective agency. Click on your name and credentials. If your name is not listed correctly, please talk to your supervisor as they have access to this list and can update or make corrections at any time.

**Supervising Counselor/Credentials:** If the person completing the Treatment Needs Assessment is a Trainee, this box must have the clinical supervisor's name and credentials listed. If the TNA is to be transferred to the Division. Otherwise this is not required.

To save the ASAM Recommendations, click on **Save** at the bottom of the ASAM Recommendations screen.

**Print:** To print the TNA, click the Print button. This will print all of the ADA TNA.

**Cancel:** If the cancel button is clicked, all information entered in the ASAM Recommendations screen will be lost and the user will be taken back to the ADA TNA List Screen.

## ADA: ASAM Recommendations Screen

**Notify Division** : If the client will be funded using Division Contract Funds, XIX money or is a woman with dependent children, click on this button. The TNA information will then be sent to the Division of Alcohol and Drug Abuse, to the person who is responsible for approving those clients.



## DIVISION NOTIFICATION SCREEN

MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

**DH94 STARS**

TEST

Actions

- Client Search
- Providers
- Unique ID Mod
- Unique ID Merge
- Transfers(4)
- System Message
- Support Tables
- Utilities
- Reports
- About
- Close

General Info		MH	ADA I	ADA II
ADA TNA		ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List
Unique ID: 123401011950MHE	Local ID: 007	First Name: James	MI:	Last Name: Bond
MH: Adm Date:	ADA: Adm Date: 7/1/2008	Provider: Human Services Center Adult Chemical Dependency Tr		
***** UPDATED ***** Client's ADA: Treatment Needs Assessment Information ***** UPDATED *****				
Alc/Drg/Gambling History	Critical Life Areas	DSM Diagnosis	Gambling Diagnosis	Diagnostic Summary
				<a href="#">ASAM Recommendations</a>
<b>To:</b>				
Barbara Shoup-Anderson				
<b>From:</b>				
john.doe@state.sd.us				
<b>Subject:</b>				
DH94Stars: TNA - Notify Division				
<b>Message</b>				
Please review the Unique ID#: 123401011950MHE Request from HUMAN SERVICES CENTER ADULT CHEMICAL DEPENDENCY TREATMENT PROGRAM - GATEWAY for				
<b>Comments</b>				
This is an urgent request so could you please process ASAP. Thanks!				
				<input type="button" value="Email"/> <input type="button" value="Cancel"/>

An e-mail will then be sent to the Division to notify a request for treatment services. The e-mail will read: "Please review the Unique ID#: \_\_\_\_\_. Request from \_\_\_\_\_ for Indigent/XIX Funding for Alcohol and Drug Services.

\*\*\*Note: Once the ADA TNA has been sent to the Division, the Provider will no longer be able to edit the record unless the Division of Alcohol and Drug Abuse receives a request to edit the TNA. Once the Division approves the request to edit, a check mark can be found in the box **Allow Edit** on the ADA TNA, Alcohol/Drug/Gambling History screen.



# Transfer TNA Info Screen

MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

**DH94 STARS**

TEST

Actions

- Client Search
- Providers
- Unique ID Mod
- Unique ID Merge
- Transfers(4)
- System Message
- Support Tables
- Utilities
- Reports
- About
- Close

General Info

ADA TNA

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond

MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Tr

\*\*\*\*\* UPDATED \*\*\*\*\* Client's ADA: Treatment Needs Assessment Information \*\*\*\*\* UPDATED \*\*\*\*\*

Alc/Drg/Gambling History Critical Life Areas DSM Diagnosis Gambling Diagnosis Diagnostic Summary ASAM Recommendations

☐ receive random UAs ☐ Obtain a sponsor

☐ Complete Lvl I Outpatient Relapse Group ☐ Participate in COA groups

☒ Complete Lvl III Outpatient Treatment

Other: Remaining Characters that can be entered: 4986

This is a test

Recommended ASAM Level of Care/Specific Pgm: II.1 - Adult intensive outpatient treatment

Recommended Placement Provider: Carroll Institute

Recommended Placement Satellite Location:

Recommended Out of State Provider: State

Counselor/Credentials: Campbell, Bridget - Counselor - Level 3 Supervising Counselor/Credentials:

Check Spelling Print Transfer TNA Info Notify Division Save Cancel

To transfer the TNA to another provider, click on the “Transfer TNA Info” tab above.

DH94 Transfer Pop Up -- Web Page Dialog

Please Select a Provider to Transfer the Information to

☒ ROI has been signed

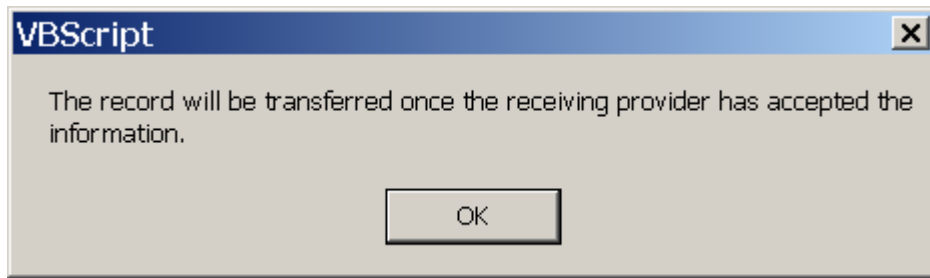
Providers

Carroll Institute

Transfer Cancel

https://internettest.state.sd.us/applications/DH94Stars/Secure/DH94TransferPop Internet

Prior to transferring a TNA, the Federal Confidentiality Law 42 C.F.R. Part 2 and HIPAA regulations must be followed in obtaining appropriate release of information. After the release is obtained, mark the box circled in RED “ROI has been signed” and then navigate the list of providers to the designated provider the TNA is to be released to.



Once the provider is selected, click on the “Transfer” tab to finish the transfer. A system prompt above will then indicate the record will be transferred once the receiving provider accepts the record. Click on “OK” to return to the “Alc/Drg/Gambling History Screen” Click on the Cancel tab to return to the “TNA List Screen”

**When making a TNA record transfer, the Client Information Record will also be transferred to the provider, unless the provider already has a Client Information Record for the client. If this is the case, then only the TNA record will be transferred. This is a system requirement that all clients entered into STARS have a Client Information Record.**